

Riley County-Manhattan Health Department
2030 Tecumseh Road
Manhattan, KS 66502
(785) 776-4779, ext. 278

Log # _____
Date rec'd _____
Client # _____
Enc # _____
Pd: check # _____
credit card cash
\$50.00 fee

**APPLICATION:
REPAIR WASTEWATER SYSTEM**

Repair address: _____
(Street) (City) (Zip Code)

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth: _____
(statistical purposes only)

Mailing address: _____
(Street) (City/State) (Zip Code)

I, _____, apply to repair or modify a private
wastewater disposal system to serve a _____ bedroom family dwelling which is or will be located on a tract
described as follows:

Legal Description (copy may be attached): _____

Directions to property: _____

Name of licensed installer: _____ **Lot size:** _____

Cause of failure: _____

I hereby certify the information on this application is true and correct to the best of my knowledge and belief.

Date: _____ **Signature of applicant:** _____

.....
Preliminary proposal approved this _____ **day of** _____, _____ **with conditions and/or remarks**
as follows: _____

by: _____
(Health Officer)

.....
PRIVATE WASTEWATER DISPOSAL SYSTEM USE PERMIT

Final construction is approved and permit is hereby issued this _____ **day of** _____, _____,

by: _____
(Health Officer)